



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL.: 587-0460 FAX: 587-0470

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LOBBYIST REGISTRATION FORM

(See back of this form for instructions)

(Type or Print Clearly)

STATE OF HAWAII
STATE ETHICS COMMISSION

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
DANG	MARVIN	S.C.	521-8521
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
P.O. BOX 4109	HONOLULU	HI	96812-4109
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			(City) (State) (Zip Code)

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
HAWAII FINANCIAL SERVICES ASSOCIATION	521-8521
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
P.O. BOX 4109	HONOLULU HI 96812-4109
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
MARVIN S.C. DANG	521-8521
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
P.O. BOX 4109	HONOLULU HI 96812-4109

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy, Environmental Protection	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Marvin S.C. Dang

(Signature of Lobbyist)

1/14/03

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
<i>Alvin Tavelle</i>	<i>V.P.</i>
NAME OF ORGANIZATION (if applicable)	TELEPHONE
HAWAII FINANCIAL SERVICES ASSOCIATION	521-8521
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
P.O. BOX 4109	HONOLULU HI 96812-4109
I hereby authorize the above named person to engage in lobbying activities on behalf of the undersigned.	
<i>Alvin Tavelle</i>	1/14/03
(Signature of Authorizing Officer or Person Represented)	(Date)